

**PATENT**

**Attorney Docket: 7056-X06-020**

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Appln. of: Dorit PLAT et al (as amended)

Group Art Unit: 1616

Appln. No.: 10/572,782

Filed: November 8, 2006

For: STABILIZED FORMULATIONS OF PHOSPHATIDYL SERINE

**SUPPLEMENTAL APPLICATION DATA SHEET**

**APPLICATION INFORMATION**

**Application number:: 10/572,782**

**Filing Date:: NOVEMBER 8, 2007 2006**

**Application type:: REGULAR**

**Subject Matter:: UTILITY**

**Suggested classification::**

**Suggested Group Art Unit:: 1616**

**CD-ROM or CD-R?::**

**Number of CD disks::**

**Number of copies of CDs::**

**Sequence submission?::**

**Computer Readable Form**

**(CRF)?::**

**Number of copies of CRF::**

**Title line one:: STABILIZED FORMULATIONS OF**

**Title line two:: PHOSPHATIDYL SERINE**

**Title line three::**

**Title line four::**

**Attorney Docket Number:: 7640-X06-053 7056-X06-020**

**Request for Early Publication?::**

**Request for Non-Publication?::**

**Suggested Drawing Figure::**

**Total Drawing Sheets::**

**Small Entity?::** YES

**Latin name::**

**Variety denomination name::**

**Petition included?::**

**Petition Type::**

**Licensed US Govt. Agency::**

**Contract or Grant Numbers::**

**Secrecy Order in Parent Appl.?::**

#### **APPLICANT INFORMATION**

**Applicant Authority Type::** INVENTOR (1)

**Primary Citizenship::** ISRAELI

**Country::** ISRAEL

**Status::** FULL CAPACITY

**Given Name::** DORIT

**Middle Name::**

**Family name::** PLATT PLAT

**Name Suffix::**

**City of Residence::** SHIMSHIT

**State or Province**

**Of Residence::**

**Country of Residence::** ISRAEL

**Street of mailing address::** P. O. BOX 249

**City of mailing address::** SHIMSHIT

**State or Province of**

**Mailing address::**

**Country of mailing  
address::** ISRAEL

**Postal or Zip Code**

of mailing address:: 17906

Applicant Authority Type:: INVENTOR (2)

Primary Citizenship:: ISRAELI

Country:: ISRAEL

Status:: FULL CAPACITY

Given Name:: AVIDOR

Middle Name::

Family name:: SHULMAN

Name Suffix::

City of Residence:: KIRYAT TIVON

State or Province

Of Residence::

Country of Residence:: ISRAEL

Street of mailing address:: 29 HAGOMEH STREET

City of mailing address:: KIRYAT TIVON

State or Province of

Mailing address::

Country of mailing address:: ISRAEL

Postal or Zip Code

of mailing address:: 36090

Applicant Authority Type:: INVENTOR (3)

Primary Citizenship:: ISRAELI

Country:: ISRAEL

Status:: FULL CAPACITY

Given Name:: GAI

Middle Name::

Family name:: BEN DROR

**Name Suffix::**  
**City of Residence::** MOSHAV OFER  
**State or Province**  
**Of Residence::**  
**Country of Residence::** ISRAEL  
**Street of mailing address::** P. O. BOX 126  
**City of mailing address::** MOSHAV OFER  
**State or Province of**  
**Mailing address::**  
**Country of mailing**  
**address::** ISRAEL  
**Postal or Zip Code**  
**of mailing address::** 30835

**Applicant Authority Type::** INVENTOR (4)  
**Primary Citizenship::** ISRAELI  
**Country::** ISRAEL  
**Status::** FULL CAPACITY  
**Given Name::** NETA  
**Middle Name::**  
**Family name::** SCHEINMAN  
**Name Suffix::**  
**City of Residence::** HAIFA  
**State or Province**  
**Of Residence::**  
**Country of Residence::** ISRAEL  
**Street of mailing address::** 25 ZALMAN SHNEOR STREET  
**City of mailing address::** HAIFA  
**State or Province of**  
**Mailing address::**

**Country of mailing  
address::** ISRAEL

**Postal or Zip Code  
of mailing address::** 32543

**Applicant Authority Type::** INVENTOR (5)

**Primary Citizenship::** ISRAELI

**Country::** ISRAEL

**Status::** FULL CAPACITY

**Given Name::** YONI

**Middle Name::**

**Family name::** TWITO

**Name Suffix::**

**City of Residence::** GEVA CARMEL

**State or Province**

**Of Residence::**

**Country of Residence::** ISRAEL

**Street of mailing address::** P. O. BOX 54

**City of mailing address::** GEVA CARMEL

**State or Province of**

**Mailing address::**

**Country of mailing  
address::** ISRAEL

**Postal or Zip Code**

**of mailing address::** 30855

**Applicant Authority Type::** INVENTOR (6)

**Primary Citizenship::** ISRAELI

**Country::** ISRAEL

**Status::** FULL CAPACITY  
**Given Name::** RASSAN  
**Middle Name::**  
**Family name::** ZUABI  
**Name Suffix::**  
**City of Residence::** KFAR NEEN  
**State or Province of Residence::**  
**Country of Residence::** ISRAEL  
**Street of mailing address::** THE VILLAGE  
**City of mailing address::** KFAR NEEN  
**State or Province of mailing address::**  
**Country of mailing address::** ISRAEL  
**Postal or Zip Code of mailing address::** 19320

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#### **CORRESPONDENCE INFORMATION**

##### **Correspondence Customer**

**Number::** 27317  
**Name::** MARTIN FLEIT  
**Street of mailing address::** 21355 E. DIXIE HIGHWAY, SUITE 115  
**City of mailing address::** MIAMI  
**State or Province of mailing address::** FLORIDA  
**Country of mailing address::** USA  
**Postal or Zip Code of mailing address::** 33180

**Phone number::** 305-830-2600  
**Fax Number::** 305-830-2605  
**E-Mail address::** [MFLEIT@FOCUSONIP.COM](mailto:MFLEIT@FOCUSONIP.COM)  
[MFLEIT@FGGBB.COM](mailto:MFLEIT@FGGBB.COM)

## REPRESENTATIVE INFORMATION

**Representative customer number::** 27317

Representative Designation::	Registration Number::	Representative Name::
Primary	16,900	Martin Fleit
Associate	30,648	Robert C. Kain
Associate	37,333	Jon A. Gibbons
Associate	35,171	Jose Gutman
Associate	40,917	Stephen C. Bongini
Associate	43,500	Paul D. Bianco

## DOMESTIC PRIORITY INFORMATION

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	IS A <u>NATIONAL STAGE OF</u>	PCT/IL2004/000895	SEPTEMBER 26, 2004

## FOREIGN PRIORITY INFORMATION

Country::	Application number::	Filing Date::	Priority Claimed::
ISRAEL	158139	SEPTEMBER 25, 2003	YES

**ASSIGNMENT INFORMATION**

Assignee name:: ENZYMOTEC LTD.  
Street of mailing  
Address:: RAMAT GAVRIEL INDUSTRIAL PARK  
P. O. BOX 6  
City of mailing address:: MIGDAL HAEMEQ  
State or Province of  
Mailing address::  
Country of mailing  
address:: ISRAEL  
Postal or Zip Code  
Of mailing address:: 23106

**SIGNATURE**

A signature of the applicant or representative is required in accordance with 37 CFR 1.33 and 10.18. Please see 37 CFR 1.54(d) for the form of the signature.

Signature:: /PAUL D. BIANCO/  
First Name:: PAUL  
Middle Name:: D.  
Last Name:: BIANCO  
Reg. No.: 43,500  
Date:: 2009-06-30